

**Employee Name:**

**DUTY STATEMENT  
DEPARTMENT OF STATE HOSPITALS  
NAPA STATE HOSPITAL**

<b>JOB CLASSIFICATION: OFFICE ASSISTANT (GENERAL)</b>
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**1. MAJOR TASKS, DUTIES, AND RESPONSIBILITIES**

Perform a variety of general office work.

20 %       Duplicates material using photocopying equipment; opens, sorts and distributes mail; answers telephones and directs calls; and, retrieves information from departments and files as requested.

20 %       Provides and maintains various record keeping and filing systems, such as time keeping, classifying, sorting and filing of various documents, and necessary purging.

10 %       Other related duties as assigned.

50 %       **SITE SPECIFIC DUTIES**

- Filing assignments include, but are not limited to, pulling and filing volumes in stocked shelving, filing single documents, packets of documents, cards, surplus medical record documents, out-cards, and former record, shifting and auditing files, and creating appropriately sized volumes; additionally, purging and preparing records for destruction, and providing service to staff requesting access to files. These tasks are accomplished in Health Information Management Department (HIMD), HIMD file rooms in the Administration Building basement, and Francis Cottage.
- Assists the public and staff who enter the department; provides friendly and swift customer service; restricts access to the department; and, other reception duties.
- Uses other office equipment, such as fax machines, calculators, addressograph machines, and printers. Orders supplies for the department.
- Verifies and assigns Admission, Discharge, Transfer (ADT) codes; accepts subpoenas; and, performs admission and discharge record tracking. Performs support tasks for billing, record completion, and census.

0 %       **TECHNICAL PROFICIENCY**

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### **2. SUPERVISION RECEIVED**

Office Assistant is under the direct supervision of the Office Services Supervisor II, or Director of HIMD.

### **3. SUPERVISION EXERCISED**

The Office Assistant (General) does not exercise supervision.

### **4. KNOWLEDGE AND ABILITIES**

#### **ABILITY TO:**

Perform clerical work, including ability to spell correctly; use good English; make arithmetical computations; operate various office machines; follow oral and written directions; evaluate situations accurately and take effective action; read and write English at a level required for successful job performance.

### **5. REQUIRED COMPETENCIES**

#### **SAFETY**

Actively supports a safe and hazard free workplace through practice of personal safety and vigilance in the identification of safe or security hazards, including infection control.

#### **CULTURAL AWARENESS**

Demonstrates awareness to multicultural issues in the workplace which enable the employee to work effectively.

#### **SITE SPECIFIC COMPETENCIES**

#### **TECHNICAL PROFICIENCY (SITE SPECIFIC)**

### **6. LICENSE OR CERTIFICATION – NOT APPLICABLE**

### **7. TRAINING - Training Category = D**

The employee is required to keep current with the completion of all required training.

### **8. WORKING CONDITIONS**

#### **EMPLOYEE IS REQUIRED TO:**

- Report to work on time and follow procedures for reporting absences;
- Maintain a professional appearance;
- Appropriately maintain cooperative, professional, and effective interactions with employees, patients, and the public; and,
- Comply with hospital policies and procedures.

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The employee is required to work any shift and schedule in a variety of settings throughout the hospital and may be required to work overtime and float to other work locations as determined by the operational needs of the hospital. All employees are required to have an annual health review and repeat health reviews whenever necessary to ascertain that they are free from symptoms indicating the presence of infection and are able to safely perform their essential job functions.

\_\_\_\_\_  
Employee Signature


\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor Signature

*Marion Gabriellan*  
\_\_\_\_\_  
Print Name

*2/11/2022*  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Reviewing Supervisor  
Signature

*Pilot Smith III*  
\_\_\_\_\_  
Print Name

*02/11/2022*  
\_\_\_\_\_  
Date